

OFFICIAL FILE  
ILLINOIS COMMERCE COMMISSION

## FORMAL COMPLAINT

Illinois Commerce Commission  
527 E. Capitol Avenue  
Springfield, Illinois 62701

For Commission Use Only:

Case: 02-0674

# ORIGINAL

Regarding a complaint by (Person making the complaint):

DAVID LOOR

Against (Utility name):

ComEd

As to (Reason for complaint)

Refund for the over payment of previous bills  
due to malfunctioning meter.

in Chicago Illinois.

ILLINOIS  
COMMERCE COMMISSION  
OCT 17 P 1:47  
CHIEF CLERK'S OFFICE

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is

5445 N. Sheridan Rd. Apt 909 Chicago IL 60640

The service address that I am complaining about is

5445 N. Sheridan Rd. Apt 909 Chicago, IL 60640

My home telephone is

[773] 989-0848

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at

[773] 837-7530

(Full name of utility company)

ComEd

(respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

☒ Yes ☐ No

Has your complaint filed with that office been closed?

☐ Yes ☒ No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

- ① April of 2001 service was requested at 5441 N. Sheridan Rd. Apt 409, Chicago, IL 60640  
(December)  
② After a few months of high bills ComEd sent a technician to check the meter. Technician said the meter was OK.  
③ March 2002 all bills went down about 50% without ComEd not able to explain why. I know my meter was fixed, or something was done to it that lowered my bills.

Please clearly state what you want the Commission to do in this case:

Make ComEd pay the overpayment, and wages due to 2 days taken off work for ComEd to test meter.

Date: 10/7/02  
(Month, day, year)

Complainant's Signature

If an attorney will represent you, please give the attorney's name, address, and telephone number.

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

#### VERIFICATION

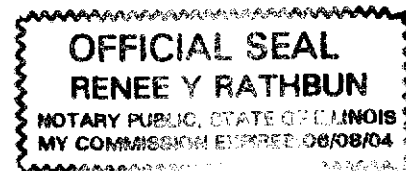
A notary public must witness the completion of this part of the form.

I, Renee Y Rathbun, first being duly sworn, say that I have read the above petition and know what it says.  
The contents of this petition are true to the best of my knowledge.

(Signature)

Subscribed and sworn/affirmed to before me on (month, day, year) October 11, 2002.

Notary Public, Illinois



**NOTE:** Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.